Meeting Minutes
KanCare Consumer and Specialized Issues (CSI) Workgroup
June 4, 2013 10:00am-12:00pm
DCF Office Building Rm C
Topeka, KS 66604

Those attending in person:
Russell Nittler, Joe, Ewert, Sally Huber, Sue Zupancic, Njeri Shomari, Edward Nicholas, Eric Harkness, Hal Schultz, Anna Lambertson, Barb Conant, Steve Gieber, Marilyn Kubler, Wes , Secretary Shawn Sullivan, Greg Wintel

Those attending by telephone:
John Kaul, Stephen Acker, Sharon Traylor, Kristi Berning, Aldona Carney

Those Absent:
Jane Adams, Melodee Bemis, Jason Gallagher, Nancy Johnson, Michele Justice, Mike Knebel, Jane McIrvin, Twila Olson, Rene Strunk

Review of Minutes from Last Meeting:
Russell gave members time to review the minutes asking if there were any changes and updates. Aldona Carney indicated her name was misspelled to which Cindy indicated that will be corrected.

KanCare Eligibility Presentation:
Russell Nittler

Russell presented the power point "KanCare, MediKan and Medicare" which was a quick review of the how folks become eligible for KanCare, how they get connected to become a KanCare member and how KanCare interacts with Medicare. Please see power point handout.

KanCare is what we now call Kansas Medicaid. Medicaid is a medical program to help pay health costs for certain individuals with low income and limited resources. Russell stated KanCare is not meant for all citizens, but we currently have around 350,000 people on Kansas Medicaid each month.

Russell stated KanCare now works on a Managed Care Model, rather than a Fee for Service basis. The two were explained as follows:

- Fee for Service: If a person needed a service provided, they went to the doctor and received that service. The doctor then billed Medicaid and Medicaid paid the doctor.
- Managed Care Model: The State pays the Managed Care Organizations (MCOs), Sunflower, Amerigroup and United Healthcare, and then those organizations pay the doctor.

Q: Are Capitated vs. Fee for Service applicable to both outpatient and inpatient services?
- A: Yes.

Q: On a capitated basis?
- A: The MCO will pay for those services as you use them.

Q: Please explain what capitated means.
- A: Capitated means the State of Kansas is going to pay the MCO so much each month to take care of a Kansas Medicaid recipient. If that recipient does not go to doctor or pharmacy that month, the MCO still receives payment. On the other hand, if that person has hip surgery what the State of Kansas pays the MCO remains the same. So that payment may not pay for the hip surgery but the MCO may have money left from

other months or will have in the future months to help pay for that. The MCO's are expecting to be able to survive on the capitated payments.

Q: It's like spreading the risk just like a normal insurance policy.

- A: Yes.

Russell went on to state that some of the easiest groups to get on Kansas Medicaid are children under the age of 19, pregnant women who meet requirements, low income families (very low income). Folks with limited income and resources who are over 65, those who have been determined disabled by Social Security standards can apply.

There are two paths that folks can go with the Kansas Medicaid Program:

- Elderly Disabled: People over 65 or those determined blind or disabled by Social Security.
- Family Medical Programs: Children, pregnant women, low income populations.

Applications are completed either online or by mail. Only citizens of the State of Kansas or an eligible Non Citizen would qualify.

- Q: What is an eligible Non-citizen?
- A: As a lawful permanent resident card (green card) and they have to be in the United States legally for five years. The green card will tell us a date that person came to the United States which helps us determine their time in the United States. They also have to qualify in all the other ways to receive KanCare.

An applicant must be living in the State of Kansas with the intent to stay. An example that may be confusing would be an out of state student who comes to Kansas to go to college. Sometimes an unexpected pregnancy occurs while a girl is in a Kansas University or College. That girl would not qualify for KanCare even though she meets all the other requirements because she is not a permanent resident of the State of Kansas. She is just here to go to school.

Income guidelines also apply to applicants with income resource guidelines varying from program to program. For example, the income for the State to give KanCare to a child is different than those required for a pregnant woman.

- Q: Are you going to break those out for us so we can see what those are?
- A: Yes, I will get that together and send it out.
- Q: Is that gross income or net income?
- A: Gross (before taxes) and normally on a monthly basis.
- Q: What if someone can't write as far as filling out the application or if they are blind?
- A: They can have a responsible person or Durable Power of Attorney fill the application out for them.
    - The reason I asked that is because I'm in an Independent Living program and I know a lot of people who either can't write or wouldn't understand the things on the application.
- A: Yes, if they have a person who helps with their bills and paperwork, that person can help them too.
    - At Sunflower we have a person that will go out and help with paperwork also.

There are some types of income that are exempt, such as lump sum payments, or interest payments less than $50. Once again each program has different limits.

- Q: So say an insurance payout would be a lump sum?
- A: Yes. If a client gets some type of insurance lump sum, it would not be counted as income in the month they receive it. However, in the following month it may be counted as a resource. So if the person gets a $5,000 lump sum payout, they will want to go ahead and spend it so it is not counted as a resource the following month.
- Q: Do they have to disclose how it is spent?

- A: Yes, if we ask. We may ask if, for example, they buy a car for a grandchild or something like that rather than buying a car for themselves. In that situation it gets into a transfer of resources which we will get into a bit later.

- Q: What if they use the money legally, let's say you fix something in your house, like an accessibility ramp or something in the bathroom?
- A: That would be perfectly acceptable to KanCare if you got a lump sum and you needed to pay to modify your house. That would be fine. Some people use their excess resources to buy funeral plans and that would be fine also.

Different resource limits apply to different programs. For example, if there is a couple in which one is at the point it's time to go into a Long Term Care Facility or nursing home, the State would divide the resources differently as we would if they were normally applying for Medicaid because we don't want to leave the spouse who doesn't have to go to the facility into poverty. We can rearrange resources for that type of reason.

A definition of resources was explained, with examples given. A definition of non counted resources with examples given also. Exempt assets/non-exempt assets and personal items were explained.

Resources are only counted for the adult and disabled cases. When it comes to kids and pregnant women and low income families we don't ask about it. If they are applying for KanCare more than likely they don't have any other resources.

Russell then went on to explain how the Medicaid Programs for the Elderly and Disabled, Presumptive Medical Disability, and Working Healthy programs work. Applications for these programs can be found at the Department for Children and Families (DCF) which used to be SRS.

Social Security Disability and how KanCare works with such was discussed.

- Q: If they are ultimately denied Social Security Disability do they have to pay the State back any benefits they have received under KanCare?
- A: No, but if they do get denied, the State may ask them to appeal.

- Q: Do you know how long it may take, cause we are awaiting a resolution right now.
- A: Presumptive Medical Disability should not take any more than 45 days. 90 days at the longest.

Russell then described MediKan and how it works and what it takes to qualify for that.

- Q: So the person thinks they are disabled, they can start through you?
- A: Yes

- Q: You will get them some type of intermittent intervention and then be able to tell them if they are eligible while waiting for Social Security to make their determination?
- A: Yes. We don't care where they start, they can start at Social Security and apply there and then go to DCF and apply for Social Security Disability or the other way around but you have to have a claim pending at Social Security.

- Q: What if my claim at Social Security has already been denied?
- A: We will ask you either to reapply or to appeal that denial. Most everyone will need to appeal the decision as they almost always deny applicants the first time. However, if you are well documented and your disability is severe enough you may be able to get right through.

- Q: So if a person does get granted this PMD, they can actually start on KanCare and make an application at the CDU for services also at that time.
- A: Yes.

- Q: So the determination of the PMD may not necessarily coincide with the Social Security determination, right?
- A: Right. And if that happens, we will send it back through the Presumptive Disability Unit to make sure that your disability is still at that level.

Another name by which this program has been known is "General Assistance", it used to have some cash associated with it, but with State cuts you don't get the cash any longer.

Russell went on to explain spend downs and how they work. If you wanted to do a quick spend down determination, you would take your gross income, subtract $495, multiply it by six (because they are set up for six months at a time) and that would be your spend down.

Pharmacy benefits through Medicare part D were explained.

- Q: What if you and your spouse both apply, but your spouse is determined eligible for the KanCare and you are denied?
- A: I would have to look at those situations one on one, but one way that may have happened is if the husband gets a Social Security Disability check and the wife gets a SSI check. Because if you get an SSI check with Social Security, you automatically get KanCare, all you really have to do is fill out paperwork. We do not look at resources or make you jump through any other hoops. BUT if you get a Social Security Disability check, then we have to look at your income and resources. I would have to look into individual situations.

Nursing home resources and income are a little different. Your nursing home bill monthly would be figured as your total income less $62.

Transfer of property was explained.

- Q: How long is the grace period for transference of property?
- A: There is a five year grace period. If the transaction happened more than five years from the date of the application, we don't care. Normally this happens with houses. People will "gift" their home to their kids or sell it for a very low income and then go down to KanCare and apply. If that happens there is a penalty.

Russell then went on to talk about Home and Community Based Services (HCBS), which are often times called waivers. Income limits were discussed and Joe Ewert indicated he thought those were Federal limits and were tied to Social Security.

The waiver services not only allow people the chance to stay in the community rather than going to a long term facility but also save the State from having to pay the long term facilities daily fees thus saving tax payer money and giving consumers a better quality of life.

Russell went over the seven different types of waivers Kansas offers.

He then explained the steps it takes to be placed on the waivers as well as the screening needed from the Age and Disability Resource Center (ADRC).

Russell then went over the Program of All-Inclusive Care for the Elderly Medical Program (PACE), locations and eligibility guidelines.

- Q: Do you have to be HCBS to be in PACE?
- A: Joe stated it was slightly different but he believed they still had to nursing home eligible. Joe and Russell indicated they thought consumers could be private pay to get into the PACE program as well.

When you are in PACE, Russell did indicate you did not get to pick your doctors. You have to go to doctors that the PACE program provides for you, and the program is only running in Sedgewick, Douglas, Jackson, Jefferson, Osage, Pottowatomie, Shawnee and Wabaunsee counties.

- Q: How is PACE different from the Health Home model or is it just another word for it?
- A: It's pretty close because PACE would be their home health as they would be responsible for that person's care. It's very close.

Russell then went on to explain the MediKan program and how it works. The MediKan program is limited as it is totally State funded and are not assigned to an MCO.

- Q: How big is that budget?
- A: I don't have that with me, but will do some research for you on that.

Russell then went on with the power point to explain how KanCare and Medicare will work together and all the different sections of care that are involved when folks also have Medicare. Income limits and coverages were all discussed.

Russell went into State Recovery program and how it works with the State trying to recoup some costs of paying prior medical bills by the following means. If a person were to pass away, their assets may actually be turned over to the State and various ways in which that is figured.

Russell indicated if everyone wanted to they could discuss this further in the next meeting. He then went on to introduce Secretary Shawn Sullivan.

Intellectually/Developmentally Disabled Waiver Presentation (I/DD):
Sec. Shawn Sullivan

Secretary Sullivan brought three handouts that were passed out having to do with the I/DD waiver Pilot Program (please see handouts). He stated this was the beginning of including the I/DD waiver client into the KanCare program next January, 2014. Sec. Sullivan introduced Greg Wintle who can answer questions the Sec. is unable to answer.

Sec Sullivan indicated waiver programs began at the state level around 20 years ago or more in an attempt to keep people independent, home and healthy as long as possible. Currently Kansas serves around 20,000 Kansans scattered among six waivers that are offered. He then went on to name all the types of waivers that are available:

Physically Disabled
Frail Elderly
Traumatic Brain Injury
Technology Assisted
Autism Waiver
Intellectual/Developmentally Disabled

Of the six programs, five of the six rolled into KanCare in 2013 with all other populations and the I/DD Waiver will roll into KanCare in January, 2014.

Secretary Sullivan went on to state that while going through the planning and design process for KanCare they were provided input. The top five are:

1. Need for better transitions between settings from hospital to home or vice versa.
2. Better chronic condition management
3. Better medical behavioral health care, coordination between the different systems.
4. Better prevention and health promotion measures and outcomes.
5. HCBS waiver system as a whole is not very flexible.

So while we were in the process of developing these programs, we looked at what other states had done with their programs, how they transitioned them in and how they were working. There were 16 states who have these types of programs and we could research those as a way to help us implement these programs. Arizona, Michigan and Wisconsin are the three states that we looked at more closely.

Secretary Sullivan went on to explain how the program works in the State of Kansas. He spoke some about the different states and how some are doing things differently than others and how some are paralleling each other in the way programs are implemented and ran.

Secretary Sullivan then stated on the I/DD format, all involved will be able to keep their targeted case managers (TCM). He stated consumers, as well as providers, were very concerned about the Managed Care Organizations' (MCOs') ability to lower Plan Of Care services and how this could be detrimental to continuing improvement in treatment. He stated that the State has put into place several steps that are being monitored by State employees that will need to be met prior to any changes can be made by the MCOs to plans of care.

Some changes that have been implemented into the waiver programs are:

A big change that has been done to the waivers, in particular the I/DD format, are to make more services available to those that are on the waivers. This opens the doors to more detailed treatment that may not have been available in the past as well as giving providers the ability to bill for the actual services that are being provided rather than trying to guess which of the limited billing codes came closest to the services that were provided.

He indicated that over the past weekend (June 1,2) the Legislature has actually made several of the things he spoke about into State Law.

Another difference will be that the option of having the MCO care coordinator involved in the treatment planning process if the consumer approves.

Secretary Sullivan explained briefly availability of the Remote Monitor Electronic Monitoring Systems program, who qualifies and it's limitations.

Another change is that the TCM is able to hear as the Plan of Care is being developed which is a change to how it's been done in the past.

Secretary Sullivan then opened the floor to questions, indicating if he were not able to answer them, Greg Wintle was present and would be happy to answer.

- Q: I was told the trial period has not begun and wouldn't until in July. Are you saying it began in March?
- A: It started in March. We have a 13 member advisory committee that meets with KDADS and will be implemented in January, 2014.

Sec. Sullivan then explained the timeline and how it was developed for the I/DD pilot program.

- Q: So the billing and the contracts will not begin until July?
- A: That is correct. He indicated they would need to get approval from CMS to begin the billing process, which assuming we begin in July, will give us six months to work on the billing part of it. For those that are not so far actively participating or utilizing the value added services like the behavioral health supports, some of the same changes they will start seeing will be in July/August as we start testing the new plan of care process that our staff have been working on with our advisory committee.
- Q: And one more question, do you have any projected goals and outcomes that have been listed as in what you are trying to do with the trial period or is it just basically rolling it in?
- A: We do, it's on the I/DD KanCare advisory committee link that you can find on the front page of our website at kdads.ks.gov. If can't find that please send me an email and I will copy and pass that to you.

- Q: Yes, I think a lot of consumers kind of sat on the sidelines until they found out whether or not I/DD services were going to be carved out or rolled into KanCare. Is it too late for them to participate in the pilot project if they want to?
- A: Greg indicated that one of the challenges is the filing of the claims and the billing is one thing we need to find out with our partners is whether or not it will be a problem to bring people in mid stream. One of the things that are making it really challenging is that we still have a lot of Federal reporting to do for this money, so we need to make sure that we account for the monies that are paid out through the pilot and we continue to account for money that is paid out to claims outside the pilot and how we merge those accounts together to make sure we can account for it all. One big question is "Will it create a problem to bring somebody in once it's up and going", I would say I don't think we will have a problem unless we find out we will not be able to track these things, because that is something we mandatorily have to do.

Sen. Sullivan stated that come next January we will try to do a better job of educating the public and the families of consumers as to the changes as well as similarities that are involved with this waiver. We did invite folks to participate in a KanCare, KDADs specific Family/Friends Council and we have had around 60 who would like to participate, of which we may be able to create a group of 20-30 that will serve kind of an advisory copacity with us over the next year or two and help us do some educational forums, particularly between now and next January and then we will also have another group of 10-15 family members, friends and guardians in particular that will take a deeper look with KDADS and KDHE the outcome measurements, the pay for performance measurements and look at some national core indicators and some policy recommendations that are now available that weren't available last year.

- Q: Thank you for coming to speak with us today. I just read this morning from Big Lakes that one of the concerns that they seem to have that are causing problems for the payroll agents across the state is that they are actually having to deal with three different providers rather than just one and they are also saying they are having a real difficult time trying to find who they are supposed to contact with all the problems. I just wanted to bring that to your attention you may have already heard it, but it does seem to be an issue.
- A: Yes, there are a couple of things on our HCBS system that we are tracking. The first is what is called Financial Management Services program (FMS) that we have 65 providers for. It's not as prevalent on the I/DD waiver, with probably 20-30% are self directed. We have had trouble in the first six months getting a good interface between our Authenticare and the State billing system. We continue to work through that challenge with providers on a weekly basis and with our Authenticare vendor. We will have to continue to work through that process and make sure it is working better before next January.

The second issue is that we have no problem with KDADs and KDHE as well being transparent with some of the issues we seem to be having and one of them is some of the billing challenges and the administrative challenges for providers. I think some of it is just the natural challenges with change and rolling into a new system and having your staff acclimate to a new system. Some are the inherent challenges as you are now dealing with three sets of provider reps rather than when you were just dealing with the state. So those are some things that we are going to have to continue to work through and it is a heightened importance, not that it not for all providers, but it is for the I/DD providers as 95% of their business is Medicaid and they don't have other revenue strings to pull from. That is part of the pilot and is something we will continue to have as paramount importance.

I can take a couple more questions and then I need to get going to some other meetings here.

- Q: The plan of care you were talking about is new to me. As far as I know we've got three MCO's and I have to say Sunflower has been probably the most outstanding that we've worked with in all respects and we have one care coordinator by the name of Sarah Kerbin, you talk about we've got 130 people in our agency that we provide services for, how is Sarah going to be able to spread herself so thin? How is that going to work?
- A: The case loads, if it hasn't been discussed in this group before, the case loads for the HCBS 6 programs are different depending upon the area of the State and depending on how they measure risk and acuity on the number of people they serve, so they will go to one to 23-24 and for nursing facilities is like 1 care coordinator for 200 so the three haven't put a lot of care coordinator resources into the waivers this year because the waiver isn't in. So that is something we will have to work with them as this plan of care process is rolled out in July and August is who are they going to have assigned to do this. The leadership has already given me their commitment to do this.
- Q: It just seems that is spending a lot more money for something that we've already done in the past.
- A: They already have a care coordinator and staff that will be doing the annual plan of care for non-HCBS services. So, they are sitting down or should be sitting down with people to develop that, so at the same time they are doing the HCBS they will be sitting down with the family or members of the support team.

One more and I apologize, but time is getting away here.

- Q: I was wondering has there been a sale or transfer of Amerigroup and will this affect the contract with the state of Kansas in any way or with any DD systems or anything?
- A: It is my understanding as WellPoint and Amerigroup come together, consolidated , bought out or whatever you want to call it, that the Amerigroup leadership that is Kansas specific is not going to change and the commitment they gave to us when the announcement was made is that their commitment to Kansas remains the same. I haven't sat in on any of the meetings that Russell or Joe may have, is that consistent to what you have heard? Joe: Yes, we've not seen any changes.

Sec. Sullivan indicated he is available any time, many of you email me frequently and I am happy to reply. My email address is: shawn.sullivan@kdads.ks.gov . Joe can give that to you later if you didn't catch all that or if you have questions we didn't have time to get to if you give Joe your contact information either Greg or I will get back with you. I look forward to working with you as we move forward with these changes.

Greg Wintle stayed on to answer any questions he could that may be remaining.

- Q: All the plans have value added services and it's my understanding if you are on the I/DD pilot that those value added services are expanded to be..
- A: There are some specific value added for pilot participants and that report that the Secretary referred to on the KDADs website, that report has what those values are by MCO in the back of the report.

- Q: So depending on which MCO you are assigned to would dictate the value added services you qualified for?
- A: Correct, they vary by MCO. And the intent of the MCO's is they want to test those in the pilot as well as the intention is if they go well for the pilot they will be value adds for the long term in the future for all those that are in the waiver system, so they chose to test them to see how effective those are.
- Q: So, these may not be carried over when the waivers are implemented?
- A: I prefer to look at it that it is anticipated they will because they will see they are effective.

Wes from Sunflower stated that the value adds are kind of our way of differentiating ourselves between the MCOs as the State has specific guidelines that we all have to meet so that's what we use to help consumers to decide who has the best value adds for their situations. For that reason I'm assuming value ads will always be there as we need them to set us apart from each other. He then went on to explain how some of the value adds work at Sunflower.

We then went into the KDADS website for MCOs to see where the value ads could be found for each. There are also goals for the pilot on this website.

- Q: Should that information be on the KanCare insight?
- A: Russell indicated they probably should that they had been talking about that.

Aldona asked if the goals from the pilot could possibly be emailed to her. It was decided to put them in the minutes of the meeting, as below:

Goals of the I/DD services pilot;

- Help providers acclimate to the managed care system before full implementation.
- Help persons served and their family members and guardians learn more about and become accustomed to a managed care system before full implementation.
- Help the MCOs to gain a deeper understanding of the I/DD service system before full implementation.
- Illustrate how I/DD services will be integrated with other Medicaid services in the KanCare program. Through initial implementation, demonstrate if and if so how future full inclusion of services will provide better access to and coordination of needed services.
- Although there will not be changes implemented on March 1 that address how services are billed and paid for, the Advisory Group acknowledges that it will be critical to develop, outline and implement a process to demonstrate that claims for reimbursement for services provided process in a timely and accurate manner.
- Determine how the Plan of Care system will work under KanCare.
- Determine how extraordinary funding will work under KanCare.
- Assess the role of the CDDO and MCO as a part of the pilot (i.e., tier system and assessment, attendant care needs assessment, gatekeeping for ICFs/MR, local quality assurance).
- Determine how case management and care coordination will work in tandem.
- With regard to employment, providers and MCOs will collaborate to develop systems that may result in;
    - more persons earning a paycheck, regardless of setting
    - an increase in the number of people competitively employed in an integrated setting
    - an increase in the number of people moving from HCBS to the WORK/Working Healthy programs
    - an increased number of people educated regarding benefits planning
    - for those already employed and if wanted, an increase in the pay or number of hours working

- Increase the numbers of providers successfully supporting people with challenging behaviors by providing more training for direct support workers that may result in;
    - A reduction in the number of visits to emergency rooms by both staff and individuals who present challenging behaviors.
    - Less reliance on state institutions or other systems
    - More persons being able to continue to live in their homes

- Increase collaboration efforts and coordination of care efforts with Mental Health Centers that may result in:
    - More (24/7) access to mental health supports for people with I/DD
    - More access to mental health training issues for direct support workers
    - More effective strategies to address persons in crisis for services.
- Implement and provide feedback regarding the KDADS policy and protocols related to Adverse Incident Reporting.
- Develop strategies that lead to greater access to transportation for persons with I/DD both in their efforts to access the community and their employment.

- Q: Is Greg Wintle still there? I do have another question, Secretary Sullivan talked about placement of camaras in the homes to help with some behaviors. While I think that is a great idea and it's wonderful. From personal experience I know that it can't replace the physical presence in a home to keep the person whose having the behavior safe or other people there from being hurt. Was that the intention of the camaras, to not have somebody to help out in the house or could you explain that a little bit?
- A: Greg indicated: No I don't think it's intended to replace people being in the home but I think it's actually a value ad from Sunflower. Taking a look at how effectively we can get a better idea of the frequency, the severity of the occurrences that are going on, those types of things. I really don't want to speak for Sunflower since I believe it's their value ad, but there are some different states that are looking at some different things as monitoring as a supplement to their direct care giver.

Wes from Sunflower indicated that a lot of times when a person is in crisis or drama it's hard to chose the words to explain what is happening, I would like to think the purpose is to look at the tape and actually see the event vs someone translating it to them on top of what he just said of it being an additional level of intervention. But that is just my guess, that is how I would use it if I put one in the home.

- Q: Do you think it could also be used if a person is experiencing a crisis and needs to speak with someone they could access someone remotely as well?
- A: That I don't know but if you want I can find out the answer and get that back to you.
- Q: You can see remotely that something is escalating and they have like their rover or whatever to come into the residence and talk to the person personally.
- A: My supervisor is working on the I/DD program pilot and so I will get information regarding how this was intended to be used and I will get that back to you.
- Q: My son is in a home that does have the camaras and basically they are monitored through the agency and they give behavioral insights and help through that.

Wes indicated he was going to email everybody with information about the value ads for Sunflower. He stated he was with Member Connections and he and his staff's job was to help them find a solution to their problem or to find someone who can. wcakffia@centene.com

Russell asked if there were any proposed topics for the next meeting.

1. Have all MCO's here to talk about billing?
2. Feedback on evaluation, CMS feedback
3. Pilot program?
4. Advisory council, are they still meeting? Cindy indicated that she knows of one other meeting scheduled for them. The website is unclear and needs to be clarified.
5. Problems with technology, navigating the websites.

- Q: You had mentioned in an earlier meeting that there would be some educational materials that we will be asked to review. When can we expect to see that? Can we expect those via email or how can we expect to see that?
- A: We will be going over open enrollment material and I would like to run that material through this group.
- Q: What about an expanded education for the I/DD reference material, I think the Secretary referenced that there would be an expanded education and they would do more, so what kind of input do we have for that?
- A: (Looking at Cindy) Got that? Cindy: Yes

Russell then dismissed the group.

Notes respectfully submitted on this 18th day of June by Cindy Stortz